

**State of Delaware**  
**“Transitioning to LTD” Packet**  
**Information Sheet**

Included in this Packet:

- LTD Form Letter: A letter from your employing organization (*Disability Insurance Program (DIP) Transition from Short-Term Disability (STD) to Long-Term Disability (LTD)*)
  - ☐ **Complete and sign** this letter if you wish to escrow your available leave balances
  - ☐ **Time Sensitive** – Must be received by your HR Department before LTD begins
- Long Term Disability Booklet  
(View the booklet online at [de.gov/statewidebenefits](http://de.gov/statewidebenefits))
- Correspondence from the Office of Pensions that includes important information regarding continued eligibility for medical, dental and/or vision benefits as an LTD beneficiary through the State of Delaware
- Group Universal Life (GUL) Insurance Program - Premium Waiver Benefit  
(View the *Premium Waiver Benefit* online at [de.gov/statewidebenefits](http://de.gov/statewidebenefits): Here you will also find the contact information for Securian)
- Forms to enroll or refuse medical, dental and vision benefits:
  - Office of Pensions Application for Health Care Coverage
    - ☐ Complete and sign if you do want medical coverage
  - Office of Pensions Health Insurance Coverage REFUSAL
    - ☐ Complete and sign if you do not want medical coverage
  - Office of Pensions Dental Application
    - ☐ Complete and sign if you do want dental coverage
  - Office of Pensions Dental Insurance Coverage REFUSAL
    - ☐ Complete and sign if you do not want dental coverage
  - EyeMed Vision Care Enrollment/Change form
    - ☐ Complete and sign if you do want vision coverage
  - Office of Pensions Vision Insurance Coverage REFUSAL
    - ☐ Complete and sign if you do not want vision coverage
  - Request and Authorization for Deductions from LTD Benefit
    - ☐ Sign authorizing The Hartford to withhold full and/or partial current and/or retroactive health care deductions from your Long Term Disability (LTD) benefit for the purpose of paying health care

premiums due for your chosen medical, dental and/or vision care coverage through the State of Delaware.

**All completed forms to enroll or refuse health, dental and vision benefits must be sent to the Office of Pensions as soon as possible to avoid difficulties with your benefits.**

Choose one of the options below.

1. Scan and e-mail to [pensionoffice@state.de.us](mailto:pensionoffice@state.de.us)
  2. Fax to (302) 739-6129; or
  3. Mail to Office of Pensions, McArdle Building, 860 Silver Lake Blvd, Ste 1, Dover, DE 19904-2402
- Spousal Coordination of Benefits Policy, Self-Service Guide and Online Form for Pensioners (Located at [de.gov/statewidebenefits](http://de.gov/statewidebenefits))
    - ☐ Complete the online form if you cover your **non-Medicare** spouse on your State of Delaware health plan.
  - Dependent Child Coordination of Benefits Policy and Form (Located at [de.gov/statewidebenefits](http://de.gov/statewidebenefits))
    - ☐ Complete the appropriate health carrier's (Aetna or Highmark Delaware) Dependent Child Coordination of Benefits Form if you are enrolling a dependent(s) **for the first time** on your State of Delaware health plan **AND** your dependent(s) have other health coverage.

If you have any questions regarding your transition from STD to LTD, please call your organization's HR Department at \_\_\_\_\_.

If you have any questions regarding your medical, dental or vision benefits, please contact the Office of Pensions at 302-739-4208 or 1-800-722-7300.